

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations			Date of This Filing <u>09/21/2018</u> Report No. <u>26847</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1407354				
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2018	County Supervisors Association of California dba California State Association of Counties (Nonprofit 501 (c)(4)) Sacramento, CA 95814 ID# 1404245 Memo Reference: NON:S497:25	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$178.00
09/21/2018	County Supervisors Association of California dba California State Association of Counties (Nonprofit 501 (c)(4)) Sacramento, CA 95814 ID# 1404245	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations			Date of This Filing 09/21/2018 Report No. 26847 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952		I.D. NUMBER (if applicable) 1407354			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:25
Does not aggregate to \$1000 until 9/21/18